# Case 09-03988 Doc 1 Filed 02/09/09 Entered 02/09/09 13:22:34 Desc Main Document Page 1 of 44 United States Bankruptcy Court

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Nor	thern	District	of III	inois

Debtor(s)  DISCLOSURE OF COMPENSATION OF ATTORNEY FOR PURSANTION OF ATTORNEY FOR PURSANTION OF ATTORNEY FOR COMPENSATION OF ATTORNEY FOR PURSANTION OF ATTORNEY FOR PURSANTION OF ATTORNEY FOR PURSANTION OF ATTORNEY FOR PROPERTY P	ase No
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1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be r of or in connection with the bankruptcy case is as follows:  For legal services, I have agreed to accept  Prior to the filing of this statement I have received  Balance Due  2. The source of the compensation paid to me was: □ Debtor ☑ Other (specify):  3. The source of compensation to be paid to me is: □ Debtor ☑ Other (specify): ARAG Insurance  4. ☑ I have not agreed to share the above-disclosed compensation with any other person unless they are members a together with a list of the names of the people sharing in the compensation, is attached.  5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, inc.  a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor in adversary proceedings and other contested bankruptcy matters; e. [Other provisions as needed]  Fees will be paid by ARAG Insurance	
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<ol> <li>The source of the compensation paid to me was: □ Debtor ☑ Other (specify): ARAG Insurance</li> <li>In a person or person unless they are members of the people sharing in the compensation, is attached.</li> <li>In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, inc.         <ol> <li>Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters; e. [Other provisions as needed]</li> </ol> </li> <li>Fees will be paid by ARAG Insurance</li> </ol>	\$
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<ul> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings</li> <li>d. Representation of the debtor in adversary proceedings and other contested bankruptey matters;</li> <li>e. [Other provisions as needed]</li> <li>Fees will be paid by ARAG Insurance</li> </ul>	luding:
e. [Other provisions as needed]  Fees will be paid by ARAG Insurance	1 2
CERTIFICATION  I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representa proceeding.	ion of the debtor(s) in this bankruptcy
February 9, 2009 /s/ Jeffrey Collins Date Signature of A	attornev

Name of Law Firm

## NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

### <u>Chapter 7</u>: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

- 1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

Document Page 3 of 44 using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### **Chapter 11:** Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### **Chapter 12:** Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

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A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

required by § 542(b) of the Bankrupicy Code.	
Printed Name and title, if any, of Bankruptcy Petition Preparer Address:	Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of
X	the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.	_
Certificate of the Debtor I (We), the debtor(s), affirm that I (we) have received and read this notice.	
1 (we), the debtor(s), arithm that I (we) have received and read this notice.	

Luna, Velia Printed Name(s) of Debtor(s)	X /s/ Velia Luna Signature of Debtor	<b>2/09/2009</b> Date	
Case No. (if known)	Signature of Joint Debtor (if any)	Date	

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Case 09-03988 Doc 1 Filed 02/09/09	) Entered 02/09/09 13:22:34 Desc Main
Document Document	Page 4 of 44
B22A (Official Form 22A) (Chapter 7) (01/08)	According to the calculations required by this statement:
	☐ The presumption arises
In re: Luna, Velia	<b>✓</b> The presumption does not arise
Case Number:	(Check the box as directed in Parts I, III, and VI of this statement.)
(If known)	

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. EXCLUSION FOR DISABLED VI	ETERANS AND NON-CONSUM	ER DEBTOR	S			
1A	If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.						
IA	☐ <b>Veteran's Declaration.</b> By checking this box, I dec in 38 U.S.C. § 3741(1)) whose indebtedness occurred production 10 U.S.C. § 101(d)(1)) or while I was performing a horizontal production.	primarily during a period in which I wa	as on active duty	(as defined in			
1B	If your debts are not primarily consumer debts, check to complete any of the remaining parts of this statement.	he box below and complete the verification	ation in Part VIII	I. Do not			
	☐ Declaration of non-consumer debts. By checking	this box, I declare that my debts are no	t primarily consu	ımer debts.			
	Part II. CALCULATION OF MONTH	LY INCOME FOR § 707(b)(7) E	EXCLUSION				
2	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.  a. ✓ Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.  b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11.  c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B (Spouse's Income") and Column B ("Spouse's Income") for Lines 3-11.  All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.  Column A Debtor's Income Income						
3	Gross wages, salary, tips, bonuses, overtime, commi	ssions.	\$ 2,530.84	\$			
4	Income from the operation of a business, profession a and enter the difference in the appropriate column(s) one business, profession or farm, enter aggregate numb attachment. Do not enter a number less than zero. Do n expenses entered on Line b as a deduction in Part V	of Line 4. If you operate more than ers and provide details on an ot include any part of the business					
	a. Gross receipts	\$					
	b. Ordinary and necessary business expenses	\$					
	c. Business income	Subtract Line b from Line a	\$	\$			

Case 09-03988 Doc 1 Filed 02/09/09 Entered 02/09/09

Document Document

Entered 02/09/09 13:22:34 Desc Main Page 5 of 44

 $\underline{B22A\ (Official\ Form\ 22A)}\ (Chapter\ 7)\ (01/08)$ 

_	Rent and other real property income. difference in the appropriate column(s) on tinclude any part of the operating Part V.	of Line 5. Do n	ot enter a n	umber less	s than zero. <b>Do</b>				
5	a. Gross receipts		\$						
	b. Ordinary and necessary operating	expenses	\$						
	c. Rent and other real property incor	me	Subtract 1	Line b fror	n Line a	\$		\$	
6	Interest, dividends, and royalties.					\$		\$	
7	Pension and retirement income.					\$		\$	
8	Any amounts paid by another person expenses of the debtor or the debtor's that purpose. Do not include alimony o by your spouse if Column B is complete	dependents, in separate mair	ncluding cl	hild suppo	ort paid for	\$		\$	
9	Unemployment compensation. Enter the However, if you contend that unemployment a benefit under the Social Security A Column A or B, but instead state the amount of the Column A or B.	ment compensa Act, do not list	tion receive the amount	ed by you	or your spouse				
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$		Spouse S	S	\$		\$	
10	Income from all other sources. Specify sources on a separate page. Do not inclupaid by your spouse if Column B is coalimony or separate maintenance. Do Security Act or payments received as a varietim of international or domestic term.  [a.]	ide alimony or impleted, but in not include any victim of a war	r separate include all of benefits re	maintenar other pay eceived un	nce payments ments of der the Social				
	b.				\$				
	Total and enter on Line 10					\$		\$	
11	Subtotal of Current Monthly Income and, if Column B is completed, add Line					\$	2,530.84	\$	
12	Total Current Monthly Income for § 7 Line 11, Column A to Line 11, Column completed, enter the amount from Line	B, and enter the				\$			2,530.84
	Part III. AP	PLICATION	N OF § 70	7(B)(7) E	XCLUSION				
13	Annualized Current Monthly Income 12 and enter the result.	for § 707(b)(7	'). Multiply	the amou	nt from Line 12 b	y the		\$	30,370.08
14	<b>Applicable median family income.</b> Ent household size. (This information is avaithe bankruptcy court.)								,
	a. Enter debtor's state of residence: Illing	ois		_ b. Enter	debtor's househ	old si	ze: _ <b>2</b> _	\$	54,979.00
15	Application of Section707(b)(7). Checl  ✓ The amount on Line 13 is less than not arise" at the top of page 1 of this  ☐ The amount on Line 13 is more th	n or equal to the statement, and	he amount	<b>on Line 1</b> Part VIII;	<b>4.</b> Check the box do not complete	Parts	IV, Ŷ, VI,	or V	II.

Case 09-03988 Doc 1 Filed 02/09/09 Entered 02/09/09 13:22:34 Desc Main Document Page 6 of 44

 $\underline{B22A\ (Official\ Form\ 22A)}\ (Chapter\ 7)\ (01/08)$ 

	Part IV. CALCULATI		ENT	MONTHLY	INCOME FO	OR § 707(b)(2)	
16	Enter the amount from Line 12.						\$
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.  a.  b.						
	c.				\$		\$
18	Current monthly income for § 707	(h)(2) Subtract I	ine 17	from Line 16	and enter the res	enlt	\$
10	•						Ψ
	Part V. CAL	CULATION O	F DEI	DUCTIONS	FROM INCO	OME	
	Subpart A: Deduct	ions under Stan	dards	of the Intern	al Revenue Serv	rice (IRS)	
19A	National Standards: food, clothing National Standards for Food, Clothin is available at www.usdoj.gov/ust/ or	g and Other Item	ns for th	ne applicable l	household size. ('	ant from IRS This information	\$
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.						
	Household members under 65 year	ars of age	Hou	sehold memb	ers 65 years of a	age or older	
	a1. Allowance per member		a2.	Allowance p	per member		
	b1. Number of members		b2.	Number of 1	members		
	c1. Subtotal		c2.	Subtotal			\$
20A	<b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court).					\$	
20B	<b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b>						
	<ul><li>a. IRS Housing and Utilities Star</li><li>b. Average Monthly Payment for any, as stated in Line 42</li></ul>				\$		
	c. Net mortgage/rental expense				Subtract Line b	o from Line a	\$

Case 09-03988 Doc 1 Filed 02/09/09 Entered 02/09/09 13:22:34 Desc Main Document Page 7 of 44

**B22A** (Official Form 22A) (Chapter 7) (01/08)

21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:						
		\$					
	<b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.						
	Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.						
22A	$\square 0 \square 1 \square 2$ or more.						
	If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)						
	Local Standards: transportation; additional public transportation expense. If you pay the operating	\$					
22D	expenses for a vehicle and also use public transportation, and you contend that you are entitled to an						
22B	additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at						
	www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	<b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)						
	$\square$ 1 $\square$ 2 or more.						
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards:  Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b						
	a. IRS Transportation Standards, Ownership Costs \$						
	b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42 \$						
	c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a	\$					
	<b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 23.						
24	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. <b>Do not enter an amount less than zero.</b>						
	a. IRS Transportation Standards, Ownership Costs, Second Car \$						
	b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 \$						
	c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a	¢					

Case 09-03988 Doc 1 Filed 02/09/09 Entered 02/09/09 13:22:34 Desc Main Document Page 8 of 44

**B22A** (Official Form 22A) (Chapter 7) (01/08)

Other Necessary Expenses: taxes, and the attack and select and assets areas, such as income taxes, self employment taxes, oncial security taxes, and Medicare taxes. Do not include real estate or sales taxes.  Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are requited for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.  Other Necessary Expenses: die insurance. Enter total average monthly penniums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a coard or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.  Other Necessary Expenses: court-ordered payments. Enter the total amounts of child support payments. Do not include payments on past due obligations included in Line 44.  Other Necessary Expenses: court-ordered payments or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend on on public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on health care that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 198. Do not include payments for health insurance	D22A (	Official Form 22A) (Chapter 7) (01/08)					
27   Other Necessary Expenses: court-ordered payments. Enter the total average monthly amount that you actually pay for term life insurance for yourself. Do not include discourself. On the payments. So not include premiums for insurance on your dependents, for whole life or for any other form of insurance.   28   Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.	25	federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment	\$				
27   Other Necessary Expenses: clucation for employment or for a physically or mentally challenged dependent that for whole in the total average monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.    Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.    Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.    Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbraced by instrance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.    Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.    Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 19-32    Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories s	26	payroll deductions that are required for your employment, such as retirement contributions, union dues,	\$				
29 payments. Do not include payments on past due obligations included in Line 44.  29 other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education providing similar services is available.  30 Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such a baby-sitting, day care, nursery and preschool. Do not include other educational payments.  31 Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. \$  31 Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or interest service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.  \$\text{Subpart B: Additional Expense Deductions under § 707(b)}\$  Note: Do not include any expenses that you have listed in Lines 19-32  \$\text{Health Insurance}\$ \$\text{Subpart B: Additional Expense Deductions under § 707(b)}\$  Note: Do not include any expenses that you wall continue to pay for the reasonably necessary for yourself, your spouse,	27	for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for</b>	\$				
child. Enter the fotal average monthly amount that you actually expend for education that is a condition of whom no public education providing similar services is available.  30 Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  31 Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.  32 Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.  \$\text{Subpart B: Additional Expense Deductions under \( \frac{8}{2} \) Portogone (by our dependents).  \$\text{Subpart B: Additional Expense Deductions under \( \frac{8}{2} \) Portogone, or your dependents.  \$\text{A Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  \$\text{A Health Insurance} \text{ S }  \$\text{ D Disability Insurance} \text{ S }  \$ D Disability Insu	28	required to pay pursuant to the order of a court or administrative agency, such as spousal or child support	\$				
on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. \$  Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service— such as pagers, call waiting, caller id, special long distance, or internet service— to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.  Subpart B: Additional Expense Deductions under \$ 707(b)  Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance  b. Disability Insurance  c. Health Savings Account  Total and enter on Line 34  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. Enter the total average reasonably necessary monthly exp	29	<b>child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for	\$				
aspend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.  Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance  b. Disability Insurance  c. Health Savings Account  Total and enter on Line 34  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  S  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept	30	on childcare—such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational</b>	\$				
you actually pay for telecommunication services other than your basic home telephone and cell phone service— such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.  Subpart B: Additional Expense Deductions under \$ 707(b) Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance b. Disability Insurance c. Health Savings Account  Total and enter on Line 34  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$	31	expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in					
Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 19-32    Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.   a.   Health Insurance	32	you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously</b>					
Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.    a.   Health Insurance   \$	33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.						
expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance \$ b. Disability Insurance \$ c. Health Savings Account \$  Total and enter on Line 34 \$  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept	Subpart B: Additional Expense Deductions under § 707(b)						
Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept	34	expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance  b. Disability Insurance  c. Health Savings Account  Total and enter on Line 34  If you do not actually expend this total amount, state your actual total average monthly expenditures in	\$				
you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept		\$					
φ volume to the country volume to the count	35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is	\$				

Case 09-03988 Doc 1 Filed 02/09/09 Entered 02/09/09 13:22:34 Desc Main Document Page 9 of 44

**B22A** (Official Form 22A) (Chapter 7) (01/08)

37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.							
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.							
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.							
40	Cont	tinued charitable contributions or financial instruments to a char	Enter the	e amount that you will anization as defined in	continue to contrib 26 U.S.C. § 170(c	oute in the form of $c)(1)$ - $(2)$ .	\$	
41	Tota	l Additional Expense Deductio	ns under	§ 707(b). Enter the tot	al of Lines 34 thro	ugh 40	\$	
		S	Subpart C	: Deductions for Deb	t Payment			
	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.							
42		Name of Creditor	Property	Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?		
	a.				\$	□ yes □ no		
	b.				\$	□ yes □ no		
	c.			TD + 1 + 11	\$	□ yes □ no		
				Total: Add	lines a, b and c.		\$	
	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.							
43		Name of Creditor		Property Securing the	e Debt	1/60th of the Cure Amount		
	a.					\$		
	b.	b.				\$		
	c.				Total: Ad	d lines a, b and c.	\$	
44	such	nents on prepetition priority cl as priority tax, child support and ruptcy filing. Do not include cu	alimony	claims, for which you v	were liable at the ti	me of your	\$	

Case 09-03988 Doc 1 Filed 02/09/09 Entered 02/09/09 13:22:34 Desc Main Page 10 of 44 Document

B22A	Official Form 22A) (Chapter 7) (01/08)				
	<b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under chapter 13, comp following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.	lete the			
	a. Projected average monthly chapter 13 plan payment. \$				
45	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)				
	c. Average monthly administrative expense of chapter 13 Total: Multiply Lines a and b	\$			
46	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.	\$			
	Subpart D: Total Deductions from Income				
47	<b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 33, 41, and 46.	\$			
	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION	·			
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))				
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2)) \$				
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.				
51	<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.				
	Initial presumption determination. Check the applicable box and proceed as directed.				
	The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.				
52	The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.				
	The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (Lines 53 though 55).				
53	Enter the amount of your total non-priority unsecured debt	\$			
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.				
	<b>Secondary presumption determination.</b> Check the applicable box and proceed as directed.				
55	The amount on Line 51 is less than the amount on Line 54. Check the box for "The present the top of page 1 of this statement, and complete the verification in Part VIII.	•			
	The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part				

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VII.

Case 09-03988 Doc 1 Filed 02/09/09 Entered 02/09/09 13:22:34 Desc Main Document Page 11 of 44

**B22A** (Official Form 22A) (Chapter 7) (01/08)

#### Part VII. ADDITIONAL EXPENSE CLAIMS

Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under  $\S 707(b)(2)(A)(ii)(I)$ . If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

	Expense Description	Monthly Amount
a.		\$
b.		\$
c.		\$
	Total: Add Lines a, b and c	\$

#### Part VIII. VERIFICATION

I declare under penalty	y of perjury that the	information provided	d in this statement is true	and correct. (If this a joint case,
both debtors must sign		1		
out decres must sign	,			

Date: February 9, 2009 Signature: /s/ Velia Luna (Debtor)

56

57

Case 09-03988 Doc 1 B1 (Official Form 1) (1/08)	Filed 02/09/09  Document	9 Entered Page 12		9 13:22:3	4 Des	sc Main	
United Stat	tes Bankruptcy (	Court	VI <del></del>		Volu	ntony Dotition	
	n District of Illin		D-1-1 (C	(Last First		ntary Petition	
Name of Debtor (if individual, enter Last, First, Middle Luna, Velia	e):	Name of Joint	t Debtor (Spo	ouse) (Last, First,	Middle):		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				he Joint Debtor i and trade names)		vears // vears	
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. EIN (if more than one, state all): 6825	D. (ITIN) No./Complete	Last four digit EIN (if more t			axpayer I.D.	(ITIN) No./Complete	
Street Address of Debtor (No. & Street, City, State & Z	Zip Code):	Street Address	Street Address of Joint Debtor (No. & Street, City, State & Zip Code):				
Chicago, IL –	ZIPCODE <b>60632</b>	$\dashv$			7	IPCODE	
County of Residence or of the Principal Place of Busin		County of Res	sidence or of	the Principal Pla			
Mailing Address of Debtor (if different from street add	lress)	Mailing Addre	ess of Joint D	Debtor (if differer	nt from stree	t address):	
_					_		
Location of Principal Assets of Business Debtor (if diff	ZIPCODE foront from street address	obovo):			Z	IPCODE	
Location of Principal Assets of Business Debtor (if dif-	referit from street address	above).			7	IPCODE	
Type of Debtor	Nature of	Rusiness		Chanter of Ra		Code Under Which	
(Form of Organization)	(Check of	one box.)		the Petitio	n is Filed (C	Check one box.)	
(Check <b>one</b> box.)  ☐ Individual (includes Joint Debtors)  ☐ See Exhibit D on page 2 of this form. ☐ Corporation (includes LLC and LLP) ☐ Partnership ☐ Other (If debtor is not one of the above entities,			fined in 11    Chapter 7		nition of a Foreign Proceeding er 15 Petition for enition of a Foreign		
check this box and state type of entity below.)	Clearing Bank				Nature of D	ebts	
	Tax-Exen (Check box, i ☐ Debtor is a tax-exem Title 26 of the United Internal Revenue Code	f applicable.) pt organization und l States Code (the	de § der inc	bebts are primarilybts, defined in 1 101(8) as "incurredividual primarily primarily primarily primarily, old purpose."	1 U.S.C. red by an y for a	Debts are primarily business debts.	
Filing Fee (Check one box)		Cheek and ha		Chapter 11 I	Debtors		
Full Filing Fee attached  Filing Fee to be paid in installments (Applicable to i attach signed application for the court's consideratio is unable to pay fee except in installments. Rule 100 3A.	Debtor is a Debtor is not check if: Debtor's ag	Check one box:  ☐ Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). ☐ Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  Check if: ☐ Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000.					
Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.  Check all applicable boxes:  A plan is being filed with this petition  Acceptances of the plan were solicited prepetition from one or more classes creditors, in accordance with 11 U.S.C. § 1126(b).					om one or more classes of		
Statistical/Administrative Information  ☐ Debtor estimates that funds will be available for discrete Debtor estimates that, after any exempt property is distribution to unsecured creditors.	stribution to unsecured creekcluded and administrat	editors. ive expenses paid,	there will be	no funds availab	le for	THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors	5,001- 10,000		] 5,001- ),000	50,001- 100,000	Over 100,000		
Estimated Assets  \$0 to \$50,001 to \$100,001 to \$500,001 to \$1,000 \$50,000 \$1 million \$10 m			100,000,001	\$500,000,001 to \$1 billion	More than \$1 billion		
Estimated Liabilities  \$\sqrt{1}  \qquad            \q			100,000,001	\$500,000,001 to \$1 billion	More than \$1 billion		

<b>Voluntary Petition</b> (This page must be completed and filed in every case)	Name of Debtor(s):  Luna, Velia		
Prior Bankruptcy Case Filed Within Last	8 Years (If more than two.	, attach additional sheet)	
Location Where Filed: None	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or	Affiliate of this Debtor	(If more than one, attach additional sheet)	
Name of Debtor: None	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  Exhibit A is attached and made a part of this petition.	Exhibit B  (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, decla that I have informed the petitioner that [he or she] may proceed und chapter 7, 11, 12, or 13 of title 11, United States Code, and ha explained the relief available under each such chapter. I further certi that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.		
	X /s/ Jeffrey Collins Signature of Attorney for D		
Exhi (To be completed by every individual debtor. If a joint petition is filed, e  Exhibit D completed and signed by the debtor is attached and ma  If this is a joint petition:  Exhibit D also completed and signed by the joint debtor is attached.	ade a part of this petition.	•	
Exhibit D also completed and signed by the joint debtor is attach	led a made a part of tills per	ition.	
	ng the Debtor - Venue pplicable box.) of business, or principal ass	ets in this District for 180 days immediately	
There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
☐ There is a bankruptcy case concerning debtor's affiliate, general			
<ul> <li>☐ There is a bankruptcy case concerning debtor's affiliate, general</li> <li>☐ Debtor is a debtor in a foreign proceeding and has its principal p or has no principal place of business or assets in the United States in this District, or the interests of the parties will be served in reg</li> </ul>	partner, or partnership pend lace of business or principa but is a defendant in an action	ding in this District.  I assets in the United States in this District, on or proceeding [in a federal or state court]	
Debtor is a debtor in a foreign proceeding and has its principal pror has no principal place of business or assets in the United States in this District, or the interests of the parties will be served in reg	partner, or partnership pendlace of business or principa but is a defendant in an actionard to the relief sought in the as as a Tenant of Resident	ding in this District.  I assets in the United States in this District, on or proceeding [in a federal or state court] his District.	
Debtor is a debtor in a foreign proceeding and has its principal pror has no principal place of business or assets in the United States in this District, or the interests of the parties will be served in reg	partner, or partnership pendlace of business or principa but is a defendant in an actionard to the relief sought in the es as a Tenant of Residual blicable boxes.)	ding in this District.  I assets in the United States in this District, on or proceeding [in a federal or state court] his District.  ential Property	
Debtor is a debtor in a foreign proceeding and has its principal pror has no principal place of business or assets in the United States in this District, or the interests of the parties will be served in reg  Certification by a Debtor Who Resid  (Check all app  Landlord has a judgment against the debtor for possession of debtors.)	partner, or partnership pendlace of business or principa but is a defendant in an actionard to the relief sought in the es as a Tenant of Residual blicable boxes.)	ding in this District.  I assets in the United States in this District, on or proceeding [in a federal or state court] his District.  ential Property	
Debtor is a debtor in a foreign proceeding and has its principal pror has no principal place of business or assets in the United States in this District, or the interests of the parties will be served in reg  Certification by a Debtor Who Resid  (Check all approximately Landlord has a judgment against the debtor for possession of definition (Name of landlord or less	partner, or partnership pendlace of business or principal but is a defendant in an actionard to the relief sought in the es as a Tenant of Residentiable boxes.) of or state obtained judgment) addord or lessor)	ding in this District.  I assets in the United States in this District, on or proceeding [in a federal or state court] his District.  Pential Property  Ecked, complete the following.)	

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

filing of the petition.

Entered 02/09/09 13:22:34 Desc Main

Page 13 of 44

Page 2

Case 09-03988 Doc 1 Filed 02/09/09

<u>B1 (Official Form 1) (1/08) Document</u>

Document

Date

Case 09-03988 Doc 1 Filed 02/09/09 31 (Official Form 1) (1/08) Document	Entered 02/09/09 13:22:34 Desc Main Page 14 of 44 Page 3			
<b>Voluntary Petition</b> (This page must be completed and filed in every case)	Name of Debtor(s):  Luna, Velia			
Signa	atures			
Signature(s) of Debtor(s) (Individual/Joint)  I declare under penalty of perjury that the information provided in this petition is true and correct.  [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  X /s/ Velia Luna Signature of Debtor  Telephone Number (If not represented by attorney)  February 9, 2009 Date	Signature of a Foreign Representative  I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.  (Check only one box.)  I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.  Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.  X  Signature of Foreign Representative  Printed Name of Foreign Representative  Date			
Signature of Attorney*  X /s/ Jeffrey Collins Signature of Attorney for Debtor(s)  Jeffrey Collins 6276436 Printed Name of Attorney for Debtor(s)  Jeffrey Collins, Attorney Firm Name  71 Scully Drive Address Schaumburg, IL 60193  (312) 212-1000 Telephone Number  February 9, 2009 Date *In a case in which \$ 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.	Signature of Non-Attorney Petition Preparer  I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.  Printed Name and title, if any, of Bankruptcy Petition Preparer  Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)  Address			
Signature of Debtor (Corporation/Partnership)  I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.  X  Signature of Authorized Individual  Printed Name of Authorized Individual  Title of Authorized Individual	Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.  Date  Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:  If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.  A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.			

Case 09-03988 Official Form 1, Exhibit D (10/06)

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Date: February 9, 2009

Doc 1

Filed 02/09/09 Entered 02/09/09 13:22:34 Desc Main Document Page 15 of 44 United States Bankruptcy Court Northern District of Illinois

IN RE:	Case No
Luna, Velia	Chapter 7
Debtor(s)	•
EXHIBIT D - INDIVIDUAL D WITH CREDIT (	DEBTOR'S STATEMENT OF COMPLIANCE COUNSELING REQUIREMENT
do so, you are not eligible to file a bankruptcy case, and whatever filing fee you paid, and your creditors will be	he five statements regarding credit counseling listed below. If you cannot all the court can dismiss any case you do file. If that happens, you will lose able to resume collection activities against you. If your case is dismissed a required to pay a second filing fee and you may have to take extra steps
Every individual debtor must file this Exhibit D. If a joint peone of the five statements below and attach any document.	etition is filed, each spouse must complete and file a separate Exhibit D. Check s as directed.
the United States trustee or bankruptcy administrator that	<b>aptcy case</b> , I received a briefing from a credit counseling agency approved by outlined the opportunities for available credit counseling and assisted me in the from the agency describing the services provided to me. Attach a copy of the seed through the agency.
the United States trustee or bankruptcy administrator that performing a related budget analysis, but I do not have a ce	<b>uptcy case</b> , I received a briefing from a credit counseling agency approved by outlined the opportunities for available credit counseling and assisted me in trificate from the agency describing the services provided to me. You must file ces provided to you and a copy of any debt repayment plan developed through use is filed.
days from the time I made my request, and the following	from an approved agency but was unable to obtain the services during the five ag exigent circumstances merit a temporary waiver of the credit counseling accompanied by a motion for determination by the court.][Summarize exigent
obtain the credit counseling briefing within the first 30 d the agency that provided the briefing, together with a extension of the 30-day deadline can be granted only for be filed within the 30-day period. Failure to fulfill the	motion, it will send you an order approving your request. You must still ays after you file your bankruptcy case and promptly file a certificate from copy of any debt management plan developed through the agency. Any cause and is limited to a maximum of 15 days. A motion for extension must se requirements may result in dismissal of your case. If the court is not ease without first receiving a credit counseling briefing, your case may be
☐ 4. I am not required to receive a credit counseling briefination for determination by the court.]	ng because of: [Check the applicable statement.] [Must be accompanied by a
	npaired by reason of mental illness or mental deficiency so as to be incapable pect to financial responsibilities.);
<ul> <li>Disability. (Defined in 11 U.S.C. § 109(h)(4) as participate in a credit counseling briefing in person</li> <li>Active military duty in a military combat zone.</li> </ul>	physically impaired to the extent of being unable, after reasonable effort, to by telephone, or through the Internet.);
☐ 5. The United States trustee or bankruptcy administrato does not apply in this district.	r has determined that the credit counseling requirement of 11 U.S.C. § 109(h)
I certify under penalty of perjury that the information prov	ided above is true and correct.
Signature of Debtor: /s/ Velia Luna	

Certificate Number: 01401-ILN-CC-005902969

## **CERTIFICATE OF COUNSELING**

I CERTIFY that on January 19, 2009	, at	2:12	o'clock PM EST,	
Velia Luna		received fi	rom	
GreenPath, Inc.				
an agency approved pursuant to 11 U.S.C. §	111 to	provide credit co	ounseling in the	
Northern District of Illinois	, ar	n individual [or §	group] briefing that complied	
with the provisions of 11 U.S.C. §§ 109(h) a	and 111.			
A debt repayment plan was not prepared	If a d	ebt repayment pl	an was prepared, a copy of	
the debt repayment plan is attached to this certificate.				
This counseling session was conducted by i	nternet		·	
Date: <u>January 19, 2009</u>	Ву	/s/Holli Bratt for	Kristine Eaton	
	Name	Kristine Eaton		
	Title	Counselor		

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

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Filed 02/09/09 Entered 02/09/09 13:22:34

Document Page 17 of 44

United States Bankruptcy Court

Northern District of Illinois

IN RE:		Case No
Luna, Velia		Chapter <b>7</b>
	Debtor(s)	

#### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 6,145.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	5		\$ 30,309.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 1,734.76
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 1,487.00
	TOTAL	17	\$ 6,145.00	\$ 30,309.00	

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<b>United States Bankruptcy Cour</b>	rt
Northern District of Illinois	

IN RE:		Case No
Luna, Velia		Chapter 7
	Debtor(s)	1

### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

#### **State the following:**

Average Income (from Schedule I, Line 16)	\$ 1,734.76
Average Expenses (from Schedule J, Line 18)	\$ 1,487.00
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20)	\$ 2,530.84

#### **State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 30,309.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 30,309.00

B6A (Official Form 6A) (12/10)3988	2001	Document	Entered 02/09/09 Page 19 of 44		2000 1110	
IN RE Luna, Velia		Doddinon	. ago <b>10</b> 0	Case No		
•		Debtor(s)			(If known)	

#### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				

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TOTAL

0.00 (Report also on Summary of Schedules)

B6B (Official Form SB) (12/04) 3988	DOC I	Filed 02/09/09	Entered 02/09/09	3 13:22:34	Desc Main	
		Document	Page 20 of 44			
IN RE Luna, Velia				Case No		
		Debtor(s)			(If known)	

#### **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

#### Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1.	Cash on hand.		Cash		100.00
	Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X			
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X			
4.	Household goods and furnishings, include audio, video, and computer equipment.		Furniture		300.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6.	Wearing apparel.		Clothing		200.00
7.	Furs and jewelry.		Jewelry		150.00
8.	Firearms and sports, photographic, and other hobby equipment.	X			
9.	Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10.	Annuities. Itemize and name each issue.	X			
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)		IRA		2,410.00
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14.	Interests in partnerships or joint ventures. Itemize.	X			

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(If known)

IN RE Luna, Velia

Debtor(s)

\_\_\_ Case No. \_\_\_\_

# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

	TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15.	Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16.	Accounts receivable.	X			
17.	Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19.	Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22.	Patents, copyrights, and other intellectual property. Give particulars.	X			
	Licenses, franchises, and other general intangibles. Give particulars.	X			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and other vehicles and accessories.		Auto- Impala Chevrolet 2000		2,985.00
	Boats, motors, and accessories.	X			
	Aircraft and accessories.	X			
	Office equipment, furnishings, and supplies.	X			
	Machinery, fixtures, equipment, and supplies used in business.	X			
	Inventory.	X			
	Animals.	X			
32.	Crops - growing or harvested. Give particulars.	X			

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IN RE Luna, Velia		Boodinent	1 age 22 of 44	Case No.	
·		Debtor(s)			(If known)

## SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

	N		E, JOINT, JNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN
TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
<ul> <li>33. Farming equipment and implements.</li> <li>34. Farm supplies, chemicals, and feed.</li> <li>35. Other personal property of any kind not already listed. Itemize.</li> </ul>	XXX		O O	
		TO	FAL.	6,145.00

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IN RE Luna, Velia		Document	Page 23 of 44	Case No.	
		Debtor(s)			(If known)

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:  $(\mbox{\it Check one box})$ 

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
SCHEDULE B - PERSONAL PROPERTY			
Cash	735 ILCS 5 §12-1001(b)	100.00	100.0
<sup>-</sup> urniture	735 ILCS 5 §12-1001(b)	300.00	300.0
Clothing	735 ILCS 5 §12-1001(a)	200.00	200.
lewelry	735 ILCS 5 §12-1001(b)	150.00	150.
RA	735 ILCS 5 §12-704	2,410.00	2,410.
Auto- Impala Chevrolet 2000	735 ILCS 5 §12-1001(b)	2,985.00	2,985.
Tato Impaia oneviolet 2000	133 1233 3 312 1001(b)	2,303.00	2,300.

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#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.								
			Value \$					
ACCOUNT NO.	Γ							
			Value \$					
ACCOUNT NO.								
			Value \$	1				
ACCOUNT NO.								
			Value \$					
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<b>0</b> continuation sheets attached			(Total of th		oago Fot		\$	\$
			(Use only on la	st p	age	e)	\$ (Parant also an	(If applicable general
							(Report also on Summary of Schedules.)	(If applicable, report also on Statistical Summary of Certain Liabilities and Related

•		Debtor(s)			(If known)	
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B6E (Official FCASE) (1909) 3988	Doc 1		Entered 02/09/0 Page 25 of 44	9 13:22:34	Desc Main	

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the

Statistical Summary of Certain Liabilities and Related Data. Report the total of amounts  $\underline{not}$  entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. © 1993-2008 EZ-Filing, Inc. [1-800-998-2424] - Forms TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) **☐** Domestic Support Obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). **☐** Deposits by individuals Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol,

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

a drug, or another substance. 11 U.S.C. § 507(a)(10).

**0** continuation sheets attached

B6F (Official Forth of) (1207) 3988	DOC I		Degree 26 of 44	9 13.22.34	Desc Main	
IN RE Luna, Velia		Document	Page 26 of 44	Case No.		
•		Debtor(s)			(If known)	

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 11970894023558078			Installment account opened 1997-11				
Amergen 4013 W. 26th St Chicago, IL 60623-3793							Unknown
ACCOUNT NO3499905436550153			Revolving account opened 2005-09				Olikilowii
Amex P.o. Box 981537 El Paso, TX 79998			gg				5,250.00
ACCOUNT NO. <b>4791-0601-0325-6383</b>			Revolving account opened 1999-12				3,230.00
Aspire/cbt Po Box 105555 Atlanta, GA 30348-5555			<b>3</b>				6,001.00
ACCOUNT NO. <b>414511281009</b>			Installment account opened 2002-03				0,001.00
Bank One N54 W 13600 Woodale Drive Mennomonee, WI 53051							
							unknown
<b>4</b> continuation sheets attached			(Total of th	Sub is p			\$ <b>11,251.00</b>
			(Use only on last page of the completed Schedule F. Report the Summary of Schedules and, if applicable, on the St Summary of Certain Liabilities and Relate	als	tica	n al	\$

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Filed 02/09/09 Document

Entered 02/09/09 13:22:34 Page 27 of 44

Desc Main

IN RE Luna, Velia

Debtor(s)

Case No. (If known)

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

		(	Continuation Sheet)		_		
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>414511168674</b>			Installment account opened 2001-02		Ť		
Bank One N54 W 13600 Woodale Drive Mennomonee, WI 53051							unknowi
ACCOUNT NO. <b>74975999376910</b>			Revolving account opened 2007-10				
Bk Of Amer 4060 Ogletown/stanton Rd Newark, DE 19713							10,011.00
ACCOUNT NO. <b>557009193636</b>			Revolving account opened 2001-04		T		10,011.00
Cap One Na P.o.box 26030 Richmond, VA 23260-6030							unknowr
ACCOUNT NO. <b>6019182303901971</b>			Revolving account opened 2005-07		T		
Care/gemb Po Box 981439 El Paso, TX 79998-1439							491.00
ACCOUNT NO. <b>438857525472</b>			Open account opened 2004-03		t	+	731.00
Chase 201 N. Walnut St//de1-1027 Wilmington, DE 19801			•				unknowr
ACCOUNT NO. <b>1820000016870582</b>			Revolving account opened 2007-09		$\dagger$		ulikilowi
Chase/cc 225 Chastain Meadows Ct., Nw Kennesaw, GA 30144							2442
ACCOUNT NO. <b>-124084</b>	+		Revolving account opened 1997-12	_	+	+	2,110.00
Gemb/jcp Po Box 981402 El Paso, TX 79998			ntoronning account openion 1007 12				
							unknown
Sheet no. 1 of 4 continuation sheets attached			(Tot	Sul	bto		\$ 12,612,00

Schedule of Creditors Holding Unsecured Nonpriority Claims

(Total of this page)

12,612.00

(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

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Filed 02/09/09 Document

Entered 02/09/09 13:22:34 Page 28 of 44

Desc Main

IN RE Luna, Velia

Debtor(s)

Case No. \_ (If known)

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

		()	Continuation Sheet)		_	_		
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE		CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>601859601682</b>			Revolving account opened 2003-04		П	П		
Gemb/old Branch C11a El Paso, TX 79998								unknowr
ACCOUNT NO. <b>771411002352</b>			Revolving account opened 2000-02		П	П		umaiowi
Gemb/sam Po Box 981400 El Paso, TX 79998								unknown
ACCOUNT NO. <b>603220732084</b>			Revolving account opened 1996-12		Н	H	$\vdash$	unknown
Gemb/walm P.o. Box 981400 El Paso, TX 79998			-					unknowr
ACCOUNT NO. <b>601131002505</b>			Revolving account opened 2005-02		П	П		unknown
Gemb/wmtdc Po Box 981416 El Paso, TX 79998			-					
ACCOUNT NO. <b>6100169597</b>			Installment account opened 2004-06		H	Н		unknown
Harrisbk 111 W Monroe St Chicago, IL 60690			motaminent account opened 2004 oc					unknown
ACCOUNT NO. <b>070015755968</b>	+		Revolving account opened 2006-06			Н		unknown
Hsbc Bank Po Box 52530 Carol Stream, IL 60196			, , , , , , , , , , , , , , , , , , ,					1
ACCOUNT NO. <b>169601-8123492306</b>	+		Revolving account opened 2006-05		Н	Н	$\vdash$	unknown
Hsbc/bstby 1405 Foulk Road Wilmington, DE 19808			ittororing account opened 2000-00					
							Ш	264.00
Sheet no. 2 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claim	0		(Tr	otal of th	Sub			\$ 264.00

Schedule of Creditors Holding Unsecured Nonpriority Claims

(Total of this page) \$

264.00

(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

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Filed 02/09/09 Document Entered 02/09/09 13:22:34 Page 29 of 44

Case No.

Desc Main

IN RE Luna, Velia

Debtor(s)

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

		((	Continuation Sheet)					
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	THENHING	TINI TOTINATED	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>211204-1241934261</b>			Revolving account opened 2001-05		T	†	$\dagger$	
Hsbc/carsn Po Box 15524 Wilmington, DE 19850								unknowi
ACCOUNT NO. <b>50600-6000132088</b>			Revolving account opened 1998-11		1	1	$\dagger$	
Hsbc/kmart 1405 Foulk Rd. Wilmington, DE 19808								unknown
ACCOUNT NO. <b>136481</b>			Revolving account opened 2001-05		t	+	+	ulikilowii
Hsbc/rs Pob 978 Wood Dale, IL 60191								unknown
ACCOUNT NO. <b>2680731202</b>					T	T	T	
Jeffersncp 16 McIeland Rd St Cloud, MN 56303								6,001.00
ACCOUNT NO. <b>40132384552</b>			Revolving account opened 2004-10		$\dagger$	$\dagger$	+	0,001.00
Kohl/chase N56 W17000 Ridgewood Dr Menomonee Falls, WI 53051			<b>3</b>					
ACCOUNT NO. <b>9901041803</b>			Installment account opened 1999-12	+	+	+	+	unknown
Midl Fin 7541 N Western Ave Chicago, IL 60645								
ACCOUNT NO. <b>9901041487</b>			Installment account opened 1999-10		+	+	+	unknown
Midl Fin 7541 N Western Ave Chicago, IL 60645			mistamilent account opened 1999-10					
Shoot no 2 of A continue of 1 of 1 to 1					<u></u>		+	unknown
Sheet no. 3 of 4 continuation sheets attached the School of Creditors Helding Unsequed Nonpriority Claim	.U		/T e4-	.1 of 45:0	oto	otal		6 004 00

Sheet no. **3** of **4** continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

(Total of this page)

6,001.00

Total

(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

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Filed 02/09/09 Document

Entered 02/09/09 13:22:34 Page 30 of 44

Desc Main

(If known)

IN RE Luna, Velia

Debtor(s)

Case No.

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

		- (1	Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>500047582329</b>			Open account opened 2007-04				
Peoplesene 130 E. Randolph Drive Chicago, IL 60601							181.00
ACCOUNT NO. <b>500033242794</b>			Open account opened 2003-07				101100
Peoplesene 130 E. Randolph Drive Chicago, IL 60601							unknown
ACCOUNT NO. <b>512107972024</b>			Revolving account opened 1996-11	+			UIIKIIOWII
Sears/citi 8725 W. Sahara Ave The Lakes, NV 89163							unknown
ACCOUNT NO. <b>852463901200001</b>			Installment account opened 2004-08	$\dagger$			
Statefrm One State Farm Plaza Bloomington, IL 61710			·				unknown
ACCOUNT NO. <b>4352-3767-0788-9713</b>			Revolving account opened 1999-05	$\dagger$			<u> </u>
Target Nb C/o Target Credit Services Minneapolis, MN 55440-0673							unknown
ACCOUNT NO. <b>192867271227592</b>			Revolving account opened 2004-01	$\dagger$			UIIKIIOWII
Wfnnb/vs Po Box 182128 Columbus, OH 43218-2128							unknown
ACCOUNT NO.							UIIMIIOWII
Sheet no. 4 of 4 continuation sheets attached to				Sub	tota	a1	

(Total of this page)

181.00

(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

30,309.00

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·		Debtor(s)			(If known)	
SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES						
Describe all executory contracts of any r contract, i.e., "Purchaser," "Agent," etc. Sta lease or contract described. If a minor child such as "A.B., a minor child, by John Doe,	te whether del l is a party to	otor is the lessor or lessee one of the leases or contra	of a lease. Provide the names an cts, state the child's initials and	d complete mailing the name and addr	addresses of all other parties to each ess of the child's parent or guardian,	
Check this box if debtor has no executory contracts or unexpired leases.						

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
us Chavez 1 S. Albany cago, IL 60632	Landlord

IN RE Luna, Velia	Document	Page 32 of 44	Case No.		
<u> </u>	Debtor(s)			(If known)	

#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

•		Debtor(c)			(If known)	
IN RE Luna, Velia		Document	1 agc 33 01 44	Case No.		
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#### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status	,	DEPENDENTS OF	DEBTOR AND	SPOUSE		
Single		RELATIONSHIP(S):  Daughter				AGE(S): <b>18</b>
EMPLOYMENT:		DEBTOR		SPC	DUSE	
Name of Employer How long employed Address of Employer P	eacher Assis hicago Publ 0 years o Box 2866 hicago, IL 6	ic Schools				
1. Current monthly gro 2. Estimated monthly	oss wages, sal	projected monthly income at time case filed) lary, and commissions (prorate if not paid month	ıly)	\$ 	DEBTOR <b>2,530.84</b>	\$
3. SUBTOTAL 4. LESS PAYROLL E a. Payroll taxes and b. Insurance c. Union dues d. Other (specify)		ty		\$ \$ \$ \$ \$	236.88 559.20	\$ \$ \$
5. SUBTOTAL OF P 6. TOTAL NET MO				\$ \$	796.08 1,734.76	
8. Income from real pr 9. Interest and dividen 10. Alimony, maintenathat of dependents list 11. Social Security or	roperty ds ance or suppo ed above	of business or profession or farm (attach detailed ort payments payable to the debtor for the debtor ment assistance	,	\$ \$ \$		\$ \$ \$
(Specify)	ome			\$ \$ \$		\$ \$ \$
(Specify)				\$ \$ 		\$ \$ \$
14. SUBTOTAL OF				\$		\$
		OME (Add amounts shown on lines 6 and 14)  ONTHLY INCOME: (Combine column totals fi	rom line 15.	φ	1,734.76	Φ
if there is only one del	otor repeat to	tal reported on line 15)	iom inic 13,		Summary of Sch	1,734.76 edules and, if applicable, on iabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: **None** 

Case 09-03988	Doc 1		Entered 02/09/09	13:22:34	Desc Main
IN RE Luna, Velia		Document	Page 34 of 44	Case No	
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Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)
Continuation Sheet - Page 1 of 1

	DEBTOR	SPOUSE
Other Payroll Deductions: BCBS HMO Employee 403 (B) Deferred Savings CPS Pension Plan Deferred Pay Group Legal Plan Long Term Disability CTU C/S Dues CTU Pac	30.79 86.67 46.61 311.57 15.64 4.31 59.28 4.33	

Debtor(s)

	SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR	R(S)	
	Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prora quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the d on Form22A or 22C.	te any payments eductions from	made biweekly, income allowed
	☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complet expenditures labeled "Spouse."	e a separate	schedule of
	1. Rent or home mortgage payment (include lot rented for mobile home)	\$	620.00
	a. Are real estate taxes included? Yes No		
	b. Is property insurance included? Yes No		
	a. Electricity and heating fuel	\$	238.00
	b. Water and sewer	\$	
	c. Telephone	\$	82.00
	d. Other	\$	
		\$	
	3. Home maintenance (repairs and upkeep) 4. Food	\$	50.00
	5. Clothing	, — , — , — , — , — , — , — , — , — , —	280.00 85.00
>	6. Laundry and dry cleaning	\$	30.00
o Fi	7. Medical and dental expenses	\$	57.00
/are	8. Transportation (not including car payments)	\$	
oftw	9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	
S SU	10. Charitable contributions	\$	
Forn	11. Insurance (not deducted from wages or included in home mortgage payments)	_	
4	a. Homeowner's or renter's	\$	
242	b. Life c. Health	\$	
-866	d. Auto	, — , — , — , — , — , — , — , — , — , —	45.00
00	e. Other	φ ——	45.00
드	c. outer	\$	
nc.	12. Taxes (not deducted from wages or included in home mortgage payments)	¥	
ing,	(Specify)	\$	
Z-Fil		\$	
1993-2008 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only	13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	Φ.	
-200	a. Auto	\$	
993.	b. Other	—— \$ ——	
© 15	1.4. Allmann maintanana and ammant add to athem	—— \$ ——	

14. Alimony, maintenance, and support paid to others

15. Payments for support of additional dependents not living at your home

16. Regular expenses from operation of business, profession, or farm (attach detailed statement)

17. Other

**18. AVERAGE MONTHLY EXPENSES** (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

1,487.00

(If known)

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document: **None** 

#### 20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I
b. Average monthly expenses from Line 18 above

c. Monthly net income (a. minus b.)

1,734.76

247.76

36 Declaration (Official Politics - Becaration) (12/107)		Entered 02/09/09	9 13:22:34	Desc Main
IN RE Luna, Velia	Document	Page 36 of 44	Case No.	
	Debtor(s)			(If known)

### DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLA	RATION UNDER PENALTY OF PERJ	URY BY INDIVIDUAL DEB	TOR
	that I have read the foregoing summary a knowledge, information, and belief.	and schedules, consisting of	19 sheets, and that they are
Date: February 9, 2009	Signature: /s/ Velia Luna		Debto
Date:	Velia Luna Signature:		
			case, both spouses must sign.
DECLARATION AND SI	GNATURE OF NON-ATTORNEY BANKR	UPTCY PETITION PREPARER	(See 11 U.S.C. § 110)
compensation and have provided the and 342 (b); and, (3) if rules or guid	nat: (1) I am a bankruptcy petition preparer debtor with a copy of this document and the n elines have been promulgated pursuant to 11 given the debtor notice of the maximum amounty that section.	otices and information required u U.S.C. § 110(h) setting a maxim	nder 11 U.S.C. §§ 110(b), 110(h) um fee for services chargeable by
Printed or Typed Name and Title, if any, of If the bankruptcy petition preparer is responsible person, or partner who states	s not an individual, state the name, title (if o	•	No. (Required by 11 U.S.C. § 110.)  number of the officer, principal
Address			
Signature of Bankruptcy Petition Preparer		Date	
Names and Social Security numbers o is not an individual:	f all other individuals who prepared or assisted	d in preparing this document, unle	ss the bankruptcy petition prepare
If more than one person prepared thi	s document, attach additional signed sheets c	conforming to the appropriate Off	ficial Form for each person.
A bankruptcy petition preparer's faili imprisonment or both. 11 U.S.C. § 1	ure to comply with the provision of title 11 an 10; 18 U.S.C. § 156.	d the Federal Rules of Bankruptc	y Procedure may result in fines of
DECLARATION UNI	DER PENALTY OF PERJURY ON BEI	HALF OF CORPORATION O	R PARTNERSHIP
I, the	(the president of	or other officer or an authorize	ed agent of the corporation or a
member or an authorized agent of (corporation or partnership) name schedules, consisting ofknowledge, information, and belie	ed as debtor in this case, declare under persheets (total shown on summary page	enalty of perjury that I have re plus 1), and that they are true	ad the foregoing summary and and correct to the best of my
Date:	Signature:		

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(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

B7 (Official Form) (12/09)-03988

Doc 1

Filed 02/09/09

Entered 02/09/09 13:22:34

Desc Main

Page 37 of 44 Document

United States Bankruptcy Court Northern District of Illinois

IN RE:		Case No
Luna, Velia		Chapter 7
	Debtor(s)	1

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 -25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. I1 U.S.C. § 101.

#### 1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE 23,593.00 2007 \$23,593 2006 \$22,976 2005 \$22,928

#### 2. Income other than from employment or operation of business

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not

#### 8. Losses

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE Green Path Inc. 38505 County Club Drive Suite 210 Farmington Hills, MI 48331 **Jeffrey Collins Attorney** 71 Scully Dr Schaumburg, IL 60193 Paid by ARAG Insurance

DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

60.00

750.00

#### 10. Other transfers

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

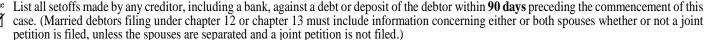
#### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

None



#### 14. Property held for another person

None List all property owned by another person that the debtor holds or controls.



#### 15. Prior address of debtor

None If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

#### 16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

#### Case 09-03988 Doc 1 Filed 02/09/09 Entered 02/09/09 13:22:34 Document Page 40 of 44

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

#### 18. Nature, location and name of business



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.



[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: February 9, 2009	Signature /s/ Velia Luna of Debtor	Velia Luna
Date:	Signature of Joint Debtor (if any)	
	<b>0</b> continuation pages attached	

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

## Case 09-03988 Doc 1 Filed 02/09/09 Entered 02/09/09 13:22:34 Desc Main

# Document Page 41 of 44 United States Bankruptcy Court Northern District of Illinois

IN RE:					Case No.			
Luna, Velia					Chapter 7			
	Do	ebtor(s)						
	CHAPTER 7 IN	DIVIDUAL D	EBTOR'S ST	ATEMENT C	F INTEN	TION		
☐ I have filed a s	schedule of assets and liabilities schedule of executory contracts the following with respect to the	and unexpired lea	ases which include	s personal proper	y subject to		ed lease.	
Description of Secured Pro	operty	Creditor's Name			Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
None								
Description of Leased Pro	perty		Lessor's Name					Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
<b>02/09/2009</b> Date	/s/ Velia Luna Velia Luna		Debtor			Joi	nt Debtor (i:	f applicable
DECLA	RATION AND SIGNATURE	OF NON-ATTO	RNEY BANKRU	PTCY PETITIO	N PREPAR	ER (See 1	1 U.S.C. § 1	140)
	penalty of perjury that: (1) I a	m a bankruptcy p	atition praparar a	1.6" 1" 11.1"				110)
and 342 (b); and, bankruptcy petition	I have provided the debtor with (3) if rules or guidelines have on preparers, I have given the dedebtor, as required by that section	been promulgated btor notice of the	cument and the not I pursuant to 11 U	ices and informat .S.C. § 110(h) se	on required t	ınder 11 Ü num fee fo	S.C. §§ 110 r services ch	ocument fo 0(b), 110(h) nargeable by
and 342 (b); and, bankruptcy petitic any fee from the or Typed Na If the bankruptcy	(3) if rules or guidelines have on preparers, I have given the de	been promulgated better notice of the on.  Petition Preparer dividual, state the	cument and the not I pursuant to 11 U maximum amount	ices and informat. S.C. § 110(h) se before preparing	on required to ting a maximany documen	under 11 Unum fee fo t for filing No. (Requi	r services chefor a debtor	ocument fo 0(b), 110(h) nargeable by or accepting
and 342 (b); and, bankruptcy petitic any fee from the or Printed or Typed Na If the bankruptcy	(3) if rules or guidelines have on preparers, I have given the dodebtor, as required by that section are and Title, if any, of Bankruptcy a petition preparer is not an in	been promulgated better notice of the on.  Petition Preparer dividual, state the	cument and the not I pursuant to 11 U maximum amount	ices and informat. S.C. § 110(h) se before preparing	on required to ting a maximany documen	under 11 Unum fee fo t for filing No. (Requi	r services chefor a debtor	ocument fo 0(b), 110(h) hargeable by or accepting
and 342 (b); and, bankruptcy petitic any fee from the carry fee from t	(3) if rules or guidelines have on preparers, I have given the dodebtor, as required by that section are and Title, if any, of Bankruptcy a petition preparer is not an in	been promulgated better notice of the on.  Petition Preparer dividual, state the	cument and the not I pursuant to 11 U maximum amount	ices and informat. S.C. § 110(h) se before preparing before preparing y), address, and s	on required to ting a maximany documen	under 11 Unum fee fo t for filing No. (Requi	r services chefor a debtor	ocument fo 0(b), 110(h) hargeable by or accepting

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

# Case 09-03988 Doc 1 Filed 02/09/09 Entered 02/09/09 13:22:34 Desc Main Document Page 42 of 44 United States Bankruptcy Court Northern District of Illinois

IN RE:		Case No
Luna, Velia		Chapter 7
,	Debtor(s)	•
	VERIFICATION OF CRE	DITOR MATRIX
		Number of Creditors
The above-named Debtor(s) h	nereby verifies that the list of creditors	is true and correct to the best of my (our) knowledge.
Date: February 9, 2009	/s/ Velia Luna Debtor	
	Joint Debtor	

Case 09-03988 Doc 1 Filed 02/09/09 Entered 02/09/09 13:22:34 Desc Main

Luna, Velia 4331 S. Albany Chicago, IL 60632 Document Page 43 of 44 Chase/cc 225 Chastain Meadows Ct., Nw Kennesaw, GA 30144

Hsbc/kmart 1405 Foulk Rd. Wilmington, DE 19808

Jeffrey Collins, Attorney 71 Scully Drive Schaumburg, IL 60193 Gemb/icp Po Box 981402 El Paso, TX 79998 Hsbc/rs Pob 978 Wood Dale, IL 60191

Amergen 4013 W. 26th St Chicago, IL 60623-3793 Gemb/old Branch C11a El Paso, TX 79998

Jeffersncp 16 McIeland Rd St Cloud, MN 56303

Amex P.o. Box 981537 El Paso, TX 79998 Gemb/sam Po Box 981400 El Paso, TX 79998 Jesus Chavez 4331 S. Albany Chicago, IL 60632

Aspire/cbt Po Box 105555 Atlanta, GA 30348-5555 Gemb/walm P.o. Box 981400 El Paso, TX 79998 Kohl/chase N56 W17000 Ridgewood Dr Menomonee Falls, WI 53051

Bank One N54 W 13600 Woodale Drive Mennomonee, WI 53051 Gemb/wmtdc Po Box 981416 El Paso, TX 79998 Midl Fin 7541 N Western Ave Chicago, IL 60645

Bk Of Amer 4060 Ogletown/stanton Rd Newark, DE 19713 Harrisbk 111 W Monroe St Chicago, IL 60690 Peoplesene 130 E. Randolph Drive Chicago, IL 60601

Cap One Na P.o.box 26030

Richmond, VA 23260-6030

Hsbc Bank Po Box 52530 Carol Stream, IL 60196 Sears/citi 8725 W. Sahara Ave The Lakes, NV 89163

Care/gemb Po Box 981439 El Paso, TX 79998-1439 Hsbc/bstby 1405 Foulk Road Wilmington, DE 19808 Statefrm One State Farm Plaza Bloomington, IL 61710

Chase 201 N. Walnut St//de1-1027 Wilmington, DE 19801 Hsbc/carsn Po Box 15524 Wilmington, DE 19850 Target Nb C/o Target Credit Services Minneapolis, MN 55440-0673 Case 09-03988 Doc 1 Filed 02/09/09 Entered 02/09/09 13:22:34 Desc Main Document Page 44 of 44

Wfnnb/vs Po Box 182128 Columbus, OH 43218-2128